Date Tested	Accepted		
Result of Exam			
Application for Electrician's M	laster or Limited License		
TO THE BOARD OF ELECTRICAL EXAMINERS 28712 GLEBE ROAD, SUITE 1 EASTON, MD 21601 4100-770-6840	check oneMaster Electrician \$75.00Electrician Limited \$30.00		
If application is for a Limited License, state specific type or repaired:			
After having read the Board's Rules and Regulations, the Electrician's License as defined under Chapter 56 of the T Board's Rules			
PROPER INSURANCE must be furnished prior to issuar	nce of license.		
The Board now requires a certificate of insurance endorse Examiners showing you as the insured <i>Not</i> your firm, in t and \$100,000 Property Damage.			
1. Will trade under the name of			
2. Address			
3. Principal business			
Applicant (Printed) Name			
(Signature)			
Phone No. Home			
Business			
Date			

4.			•				
5.							ense should the same be granted.
					LICENSE	FOR A FIRM	
6.	Duly in	corp	orated u	nder the l	aws of the State o	f	
7.	Principal office being located in						
8.	Name o	of pro	esident				
9.	Reside	nt ag	gent				
10.	Desire	Mr		• • • • • • • • • • • • • • • • • • • •	to be represe	entative under the licer	nse should the same be granted
pres		st en					ectrical work, putting your in the electrical business, as far
Len	gth of er	nplo	<u>yment</u>		Worked as	Name of Employer	Address of Employer
Fro	m	to	)				
Fro	m	to	)				
Fro	m	t	0				
Fro	m	to	)				
Fro	m	to	)				
					d one month prior	to the examination.	ce shall accompany application,
T 1	1 1	cc.	1	1.		IDAVIT	W. I C
						Code of Maryland) in	ne Workmen's Compensation that:
	(	( ) (a) I am not an employer required to provide employee coverage by the Workmen's Compensation Law; or					
	(	)	(b)	Comper	nsation Law and h		coverage by the Workmen's grage as evidenced by the

( )	(c)	I am an employer required to provide employee coverage by the Workmen's Compensation Law and have secured such coverage. As evidence of such Coverage, the following is submitted:
1.	Name o	f Insurance Company
2.	Policy o	or Binder Number
Signatu	re	Date
STATE	OF MAI	RYLAND, TALBOT COUNTY, TO WIT:
Subscrib and he i	ber, a No made oatl	TIFY, That on thisday of, 20, before me, the tary Public inpersonally appeared
		NOTARY PUBLIC

## NAME ALL ELECTRICAL EMPLOYEES

Name Date & Year Started

## Application for an Electrician's License

TO THE BOARD OF ELECTRICAL EXAMINERS FOR TALBOT COUNTY 28712 GLEBE ROAD, SUITE 1 EASTON, MD 21601

Having read the Board's Rules and Regulations, I hereby make application for an Electrician's License as per this application. The basis for my application is: check one

pe	r this	application. The basis for my application is: check one
(	)	License for reciprocity
Fu	ıll and	accurate answers to the following questions are necessary in order to complete this application
	1.	Your name in full?
	2.	Your present residence?
	3.	Length of residence in MarylandYearsMonths
	4.	Place of Birth?
	5.	Date of Birth?
	6.	How many years have you been engaged in the electrical business?
	7.	How many years have you worked in the electrical business?
	8.	Have you ever filed an application in Talbot County before?
	9.	Do you now hold an electrical license?
	10.	What class of license?
	11.	What counties?
	12.	Describe any special study, correspondence course, night school courses etc., which, in your opinion, help to fit you in addition to your practical experience in the electrical business.